Amended

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 NOV -6 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000016550

1. Corporation Name
DISCOVERY WORLD INC.

Principal Place of Business	Mailing Address
7115 N.W. 41st. Medley, Florida 33166	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7115 N.W. 41 St. 22 Suite, Apt. #, etc. 23 City & State: Medley, Florida 33166 24 Zip 25 Country	2a. Mailing Address 26 SAME 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	3. Date Incorporated or Qualified: MARCH 1, 1994 4. FEI Number: 65-0699524 ☐ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

E. SANTOLI
7115 N.W. 41 St.
Medley, Florida 33166

10. Name and Address of New Registered Agent

81 Name: MD GUETS
82 Street Address (P.O. Box Number is Not Acceptable): 7115 N.W. 41 St.
83
84 City: MEDLEY FL 85 Zip Code: 33166

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: MD GUETS PRESIDENT 10/28/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX DELETE PRESIDENT E. Santoli 7115 N.W. 41st. St.Medley,Fl	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition PRESIDENT MD GUETS 7115 N.W. 41 St. ~~Medley, Florida 33166~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX DELETE SECREATERY E. SANTOLI 7115 N.W. 41st..Medley, Fla	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition SECREARARY MD GUETS 7115 N.W. 41st St.Medley, Fla.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX DELETE TRESURER E. Santoli 7115 N.W. 41 St. Medley, Fla.	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition TREASURER MD GUETS 7115 N.W. 41st ST.Medley, Fla.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 600002677636--3 -11/02/98--01030--011
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	*****70.00 -*****70.00

CR2E034 (5/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M D GUETS 10/28/98 305-640-0242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTER NOV 6 1998